

Howard County Human Services Master Plan



QUALITY OF LIFE INDICATORS



Department of
CITIZEN SERVICES



January, 2009

Howard County's Human Services Master Plan (HSMP) was developed through a partnership of the Department of Citizen Services and the Association of Community Services, with participation from a broad range of organizations and community members. Organized by population group, and covering a wide spectrum of human service issues, the HSMP outlines our community's aspirations for its residents.

The *Quality of Life Indicators* distills the HSMP down to the key indicators which have been selected to measure how well we are doing in achieving our goals. It provides a valuable resource regarding trends in human service issues, areas most needing improvement, and information and ideas to spark further action. We hope that it will be widely used to inform discussion of critical human service needs, decision-making on public policy, and the allocation of valuable resources.

The HSMP is intended to be a living document. The Department of Citizen Services uses it in making funding decisions for the Community Service Partnerships program. The Association of Community Services has incorporated findings from the HSMP in its Public Policy papers, and has convened work groups on several focus areas. Work on the HSMP led to the creation of Howard County's new Board to Promote Self-Sufficiency.

We expect that the HSMP will continue to evolve. Our goal is to regularly update the *Quality of Life Indicators* to reflect new data and our growing knowledge about what works.

Achieving the results identified in the HSMP will take all of us – nonprofit, government, for-profit, and faith-based organizations – working together, both individually and collaboratively. We look forward to continually expanding the number of partners playing an active role in “turning the curve” for our community.

Susan Rosenbaum

**Director
Department of Citizen Services**

Anne Towne

**Executive Director
Association of Community Services**

About the “Quality of Life Indicators”..... 4



Individuals and families . . .

- Are able to meet their basic needs..... **6**



Children, youth and families . . .

- Are healthy..... **12**
- Children enter school ready to learn..... **14**
- Children and youth are successful in school..... **16**
- Children, youth and families are safe in their homes and communities..... **18**



Older adults . . .

- Maintain optimal mental and physical health..... **20**
- Engage in the life of the community..... **23**
- Live as independently as possible..... **26**
- Are safe in their homes and communities..... **28**



People living with disabilities . . .

- Enjoy the same opportunities as others..... **30**
- Have meaningful opportunities for education and employment..... **32**
- Are safe in their homes and communities..... **34**

HSMP Sub-committee participants..... 36

Human Services Master Plan

Quality of Life Indicators

When the Human Services Master Plan (HSMP) was completed in 2006, it contained a wealth of information about the human service needs of our County – including goals for each population group and possible indicators to be used to track progress being made.

In 2007, committees were created for each of the goals in the HSMP and tasked with identifying key indicators. Over one hundred community members participated in this process, using the Results Based Accountability model described in “Trying Hard is Not Good Enough” by Mark Friedman. This report reflects the work done by these committees, and also includes updated data whenever possible.

What is in this report?

- **Results**

The goals, or “results” as they have come to be called, of the HSMP are shown as section headings (i.e., “Individuals and families are able to meet their basic needs”). These are the conditions of well-being that are desired for the residents of Howard County. The results were arrived at in the development of the HSMP with input from a wide range of stakeholders. It should be noted that two of the original goals for Older Adults – housing options to age in place and living independently – have now been combined into one result.

Immediately following each result statement is a short description of what it would look like in our community.

- **Indicators**

These are measures that tell us how well we are doing on the HSMP results. The HSMP does not set specific targets for the indicators. Instead, each indicator is preceded by an up or down arrow to show the direction in which we want the data to move. For example, we would like to see a decrease in the number of households spending over 30% of their income on housing, so this indicator is preceded by a downward arrow.

There are dozens of indicators that could be used to measure each of the results. Committees were asked to limit the number chosen to keep the total manageable, and to use the following criteria: Does it represent something of central importance about the result? Will it be meaningful to a broad audience? Do we have data that is both reliable and timely?

- **Baselines**

The charts provide available data for each indicator. They show where we have been, and forecast where we are headed without any intervention. A vertical red line marks the last year for which data is available. Charting the data and projections for the future allows us to measure the success of our efforts.

On most indicators, Howard County is doing well, and there is much in which we can take pride. The picture is more fully revealed when the data is disaggregated by different population and age groups, and we see that all groups are not achieving the same quality of life.

The lack of good data is a serious issue. In some cases, data is several years old or simply does not exist. In others, none of the available pieces of data tell the full story.

For those indicators where reliable data could not be found, some committees created a chart showing their best estimates of where we are today, how they thought the situation had changed over the past few years, and how they expect it to look through 2010. In other cases, a text box showing “what we know” is included to provide a picture of the situation.

- **Stories behind the baselines**

What is behind the numbers we see in the charts? How did we get where we are today? Understanding what is causing the current situation is critical if we are to identify the strategies with the best chance of having the desired impact.

Committee members utilized their knowledge and expertise to identify the factors contributing to the existing baseline. This is not intended to be a comprehensive analysis of the causes at work for each indicator, but to provide a quick snapshot of some of the critical elements.

- **What works**

These are strategies that are known to be effective, or which the committees believed will be effective based on their knowledge and experience. Again, these may not be exhaustive lists, but they provide a solid beginning for the work ahead. Continued work on the HSMP will undoubtedly lead to the addition of more strategies that have proven to be best practices.

What about the overarching issues?

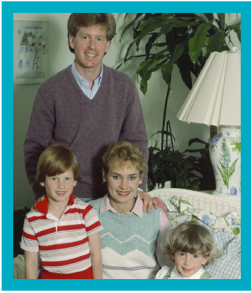
The HSMP identified four overarching issues: housing, homelessness, transportation and access to services. The first result in this report, “Individuals and families are able to meet their basic needs,” was added after the committees recognized that these overarching issues are economic ones. Indicators for this result address housing and transportation issues, but not homelessness and access to services.

That does not mean that these two critical issues will be forgotten. Implementing the 10-Year Plan to End Homelessness continues to be a priority. The County’s newly created Board to Promote Self-Sufficiency will be working with community advocates to build on the framework established by the Homelessness Board.

Access to services includes issues such as barriers faced by people living with disabilities, language and cultural barriers, location and hours of services, and transportation. These issues are not always specifically noted in this document, but it should be understood that addressing them is critical throughout. The results of the HSMP cannot be achieved without doing so.

What’s next?

- The Department of Citizen Services (DCS) will maintain data for the HSMP indicators. As more current information becomes available, the on-line version of *Quality of Life Indicators* will be updated.
- Ways to develop missing data must be developed, despite obvious funding challenges. One criteria for any data development effort is that it be planned in such a way that it can be replicated on a regular basis in order to establish trend lines.
- A companion document, *Partners in Action*, will be developed by the DCS and the Association of Community Services (ACS) to identify efforts underway in the County to support implementation of the HSMP.
- The HSMP will be evaluated in 2010 to determine what progress has been made and if any revisions are necessary.

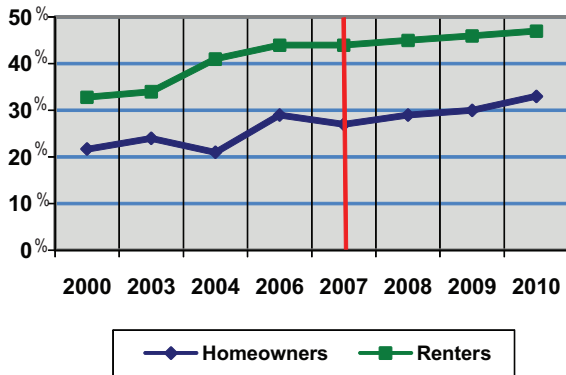


INDIVIDUALS AND FAMILIES . . . are able to meet their basic needs

Individuals and families have sufficient income and/or resources to meet basic family needs. They have adequate food, a secure home, are able to get the health care they need, and have transportation to get safely to work, school, support services and other community activities.



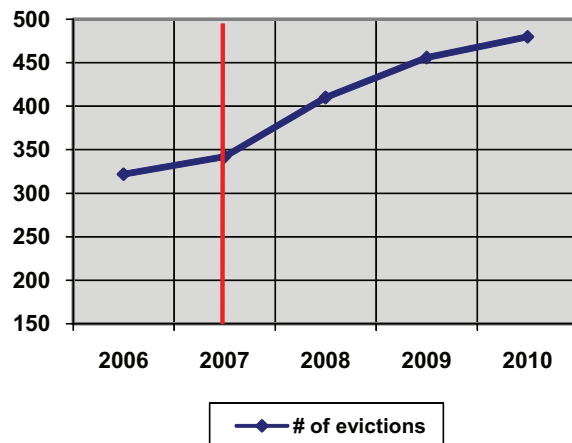
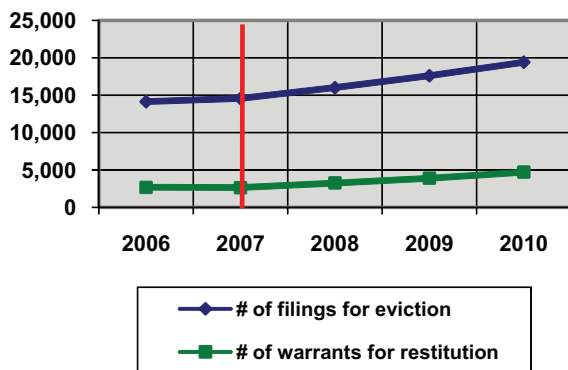
Percentage of households spending 30% or more of income on housing costs



Data source: US Census Bureau, American Community Survey



Number of filings for eviction, warrants for restitution, and actual evictions



Data source for both of the above charts: Howard County Sheriff's Department, Landlord Tenant Section

Story behind the baselines

- People spending high percentage of income on housing, or carrying a large amount of debt, are at greater financial risk if they lose their job or suffer a major health crisis
- High cost of housing in Howard County (Median housing costs in 2006 were calculated at \$2,103 for mortgaged owners and \$1,227 for renters.)
- Greater portion of household earnings needed to meet escalating housing costs
- Earnings not keeping up with inflation
- Increasing costs for energy, health care and child care
- Retirees on fixed income challenged by rising housing costs (energy, taxes and repairs even if mortgage is paid off)
- Mortgage lending practices which give homebuyers a false sense of what they can afford
- Reduced access to subsidized housing and limited amount of affordable housing
- New property management companies have more rigid enforcement, which increases number of evictions
- Language and cultural barriers contribute to difficulty in understanding financial lending practices

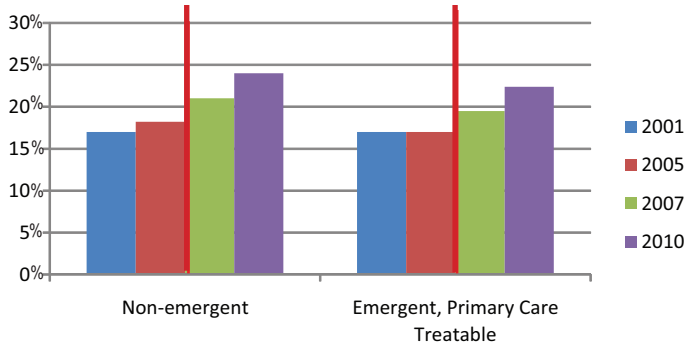
While not selected as indicators, the number of foreclosures and the unemployment rate bear watching during these tough economic times. According to the Howard County Clerk of Courts, the number of foreclosures has risen from 299 in 2004 to 674 in 2007. The unemployment rate rose from 2.6% in January, 2008 to 3.3% in September, 2008 per MD Department of Labor, Licensing & Regulation.

What works

- Requiring developers to produce more Medium Income Housing Units (MIHU), to include a full spectrum of housing within every planned community regardless of the size of the project
- Zoning regulations to create starter homes (these smaller homes could also accommodate older adults)
- Support changes to zoning regulations to permit accessory apartments (in-law suites) in selected residential areas
- Financial literacy training (starting with students)
- Educate older adults on reverse mortgage opportunities
- Having resources available in the community to help individuals and families weather a crisis (It is easier to provide support to avoid eviction, for example, than obtain stable housing for a homeless family.)
- Public education to increase knowledge of what those resources are, and how to access them
- Intensive case management to work with families early on (at first eviction filing, for instance)
- House sharing opportunities for older adults



Percentage of emergency room visits that are non-emergent; or emergent, but could be handled by a primary care physician



Data source: Maryland Health Care Commission

Story behind the baseline

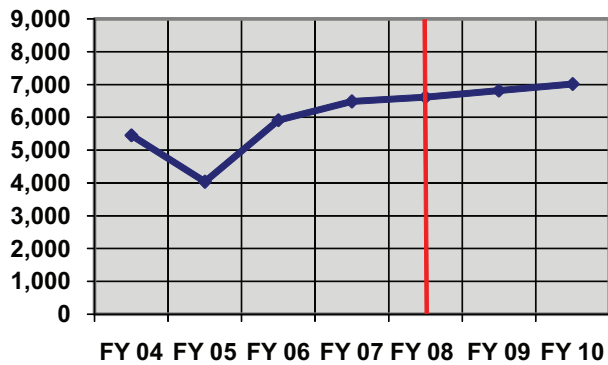
- Inability to find a primary care physician
- Emergence of “boutique medicine” or “concierge care,” which requires a flat fee not covered by insurance
- Lack of health insurance (for unemployed, and for workers who can’t afford the premiums or whose employer does not provide it) results in medical care being postponed until it is an emergency
- Lack of convenient hours (i.e., nighttime) among medical practices
- Lack of understanding of what constitutes an emergency
- Physicians not accepting patients with certain reimbursement rates (Medicare, MCHIP)
- Shortage of medical professionals (physicians, nurses, radiology technicians, etc.) creates longer waiting times for appointments
- Language and cultural barriers to accessing care
- The Healthy Howard initiative should help to reduce these percentages, but it may take multiple years to see the true impact

What works

- Expanded health insurance coverage, including ways to make it more affordable for employers to provide health insurance
- Increased access to health centers to strengthen the safety net
- 24-hour non-emergency medical centers
- Expanded hours for medical practices
- Debt forgiveness for physicians as an incentive to offer increased hours and/or accept Medicare/MCHIP
- Community education on health care issues, including what requires an emergency room visit



Number of households using the Howard County Food Bank and related food pantries



Data source: Howard County Community Action Council

Story behind the baseline

- Rising costs for housing, energy, child care, and health care contribute to increased numbers relying on the Food Bank, either one-time or on an on-going basis
- Increased need at end of month or end of pay period when money is running out, and in winter months when energy costs are higher
- Increased demand for non-food items (Food Bank did not carry before; now does)
- Food Bank is used by chronically homeless people who do not use other community services
- The number served dropped in FY05 because operations were cut back during the Food Bank's move to its current location

What works

- Access to food resources, i.e., soup kitchens, food stamps, food pantries at multiple locations
- Decreasing the stigma regarding needing, and asking for, assistance
- A network of community resources, so that in time of crisis a choice does not need to be made between buying groceries or paying the energy bill, for example
- Providing a living wage to all workers
- Education on good consumer practices (comparison shopping, economical food choices) and budgeting issues



Percentage of individuals with transportation that is safe, timely and convenient

WHAT WE KNOW

From the 2006 U.S. Census:

- *Howard Countians rely heavily on private transportation: 83% of the County's workforce either drove or carpooled to work*
- *3% of the workforce used public transportation (the rest walked, bicycled, or worked at home)*

From Corridor Transportation Corporation:

- *In FY08, Howard Transit's Fixed Route ridership was 818,182; estimates for FY09 are over one million ("Ridership" counts the number of individuals boarding buses; one person riding three buses to get to work is counted three times.)*
- *User surveys indicate system is challenged by on-time performance, scheduling, customer service, and bus reliability*

Story behind the baseline

Data does not currently exist for this indicator to be able to provide a baseline, but based on what is known, a number of issues can be identified that create barriers to meeting transportation needs in the County.

- Increasing transportation costs (insurance, gas, car repairs, etc.) for those living on a fixed income
- Those without their own vehicle are subject to the availability of family, caregivers or public transportation system
- Public transportation routes and times are limited, restricting choice of destinations and creating long wait times
- Public transportation system can be confusing and cumbersome to navigate
- Rapidly increasing number of older adults, who become more reliant on others for transportation as they age
- Population growth (including Base Realignment and Closure [BRAC]) will increase demand and stresses on current system

What works

- Programs which accept and refurbish used cars, then sell them at low-cost, with loans, to lower-income individuals
- Increasing routes and run times on public transportation system
- Public education about available services (what is available, how to access)
- Financial incentives to encourage more people to use public transportation (reduced fare card based on income or benefit status)
- Encouraging the use of public transportation as a first choice for all (going "green"), not just a choice of last resort for those who have nothing else
- Encouraging use of bicycles (also promotes health, supports environment)
- Strategies that lend themselves to a more individualized approach, such as a taxi voucher system (care needs to be taken to ensure the safety of the riders)
- Locating services closer to the people who need them (i.e., mobile units, satellite locations, increased use of other community buildings such as elementary schools) and the jobs/activities to which they go
- Taking a regional approach to challenges and solutions

Income and resources are key components of self-sufficiency

The ability to earn a living wage, access resource supports if necessary, and begin saving to develop assets are all critical to a family's capacity to meet its basic needs. The following strategies offer a framework for additional action ideas:



1. Raise wages

- support efforts to raise the minimum wage, expand job benefits for low-wage workers, strengthen education and job training, and remove barriers to employment

2. Strengthen the safety net

- income – Temporary Assistance to Needy Families; unemployment insurance; improve child support enforcement
- health – Medicaid, MCHIP
- nutrition – WIC, Food Stamps, school-based feeding programs
- child care and education – child care subsidies, Head Start and Early Head Start
- housing – housing subsidies, housing mobility programs, energy assistance



3. Help low-income families keep more of what they earn and begin accumulating savings and assets

- strengthen Earned Income Tax Credits and Child Care Tax Credits, increase state tax thresholds
- expand individual development accounts, expand access to credit



CHILDREN, YOUTH AND FAMILIES . . . are healthy

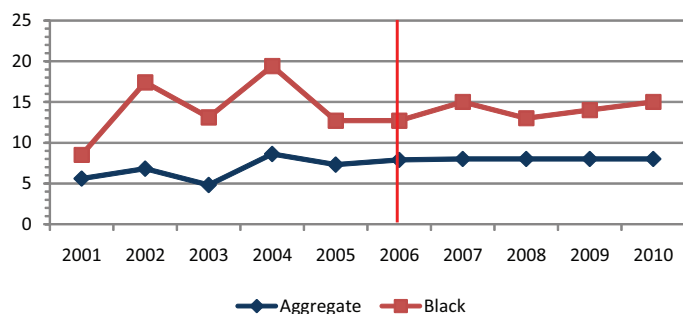
Babies are born healthy, children and youth make healthy choices and thrive in their environments, and adults make healthy choices for themselves and their families.



Infant mortality rate

(Definition: number of infant deaths per 1,000 live births)

Definition: number of infant deaths per 1,000 live births)



Data source: Maryland Vital Statistics

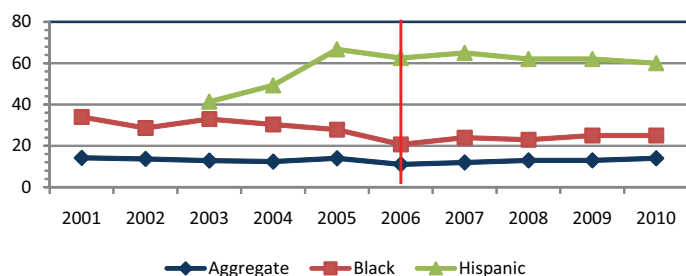
Story behind the baseline*

- Rates for other race/ethnic groups are 5 or fewer deaths per 1000 births, so are not shown on the chart.
- Cause of disparity is not known for certain, but may be due to:
 - lack of comprehensive prenatal and postnatal health counseling, including substance abuse screening for high risk pregnancies and untreated infections due to lack of consistent prenatal care
 - lack of comprehensive prenatal psychosocial support services for issues such as domestic violence, poor mental health, or unwanted pregnancy



Teen birth rate

(Definition: total births per 1,000 girls age 15-19)



Data source: Maryland Vital Statistics

Story behind the baseline*

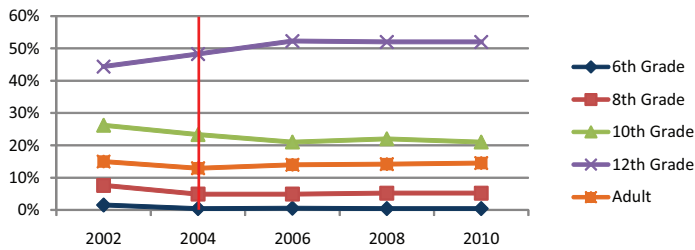
- Data for Hispanics includes birth rates for all mothers of Hispanic origin, regardless of race.
- Limited access to family planning for all population groups, particularly Black and Hispanic populations
- Cultural differences in acceptance of teen pregnancy among Hispanic population

*Due to relatively small number of infant deaths and teen births, any increase or decrease can dramatically alter percentages.



Percentage of students and adults who “binge drink”

(Definition: percent reporting five or more servings of alcohol on the same occasion within the past year)



Student data source: Maryland Adolescent Survey
Adult data source: Maryland Behavioral Risk Factor Surveillance System

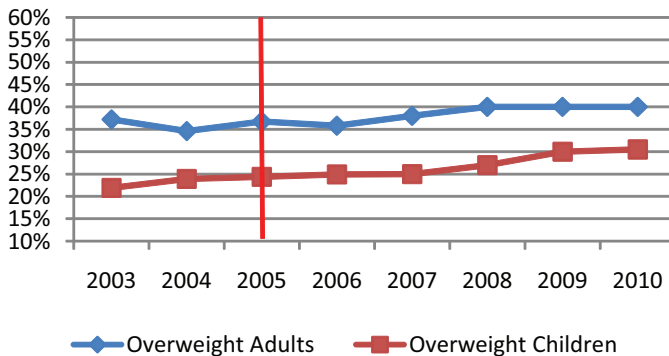
Story behind the baseline

- A large number of students report that binge drinking on weekends is a “release” from the academic pressure they feel
- Many students are influenced by peer pressure to drink
- Percentage of adults reporting binge drinking in 2004 was 13.7%, slightly higher than statewide percentage (13.1%)
- Data suggest that education efforts are proving successful except for 12th graders



Percentage of youth age 2-17 and adults who are overweight

(Definition: Body Mass Index-for-Age between 85-95% for children; BMI between 25-29.9% for adults)



Data source: Maryland Behavioral Risk Factor Surveillance System

Story behind the baseline

- Many children and adults find entertainment in sedentary activities such as watching television, playing video games or working on the computer
- Prevalence of high-calorie snacks
- Frequency of meals eaten out, and oversize portions served in restaurants
- 67% of Howard County adults reported that they did not meet recommended standards for physical activity, which impacts their weight
- 71% of adults said that they do not eat the recommended servings of fruit and vegetables
- Parents who do not exercise or follow a healthy diet set a poor example for their children
- Physical education is not required in high school beyond two quarters in the freshman year

What works

- Community education and outreach
- Peer mentoring, education and support (for youth and adults)
- Holistic approaches to health issues
- A campaign to provide “toolkits” of information and resources for health care providers
- Increasing access to services for all residents
- Support and expand existing programs that address health issues
- Consider merging existing, smaller groups addressing specific issues into a comprehensive health coalition

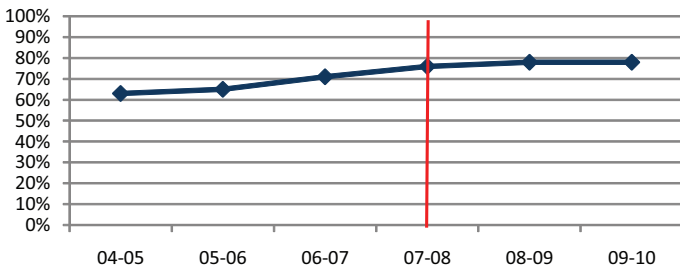
CHILDREN . . . enter school ready to learn

Children entering school will have achieved a state of early development that enables the individual child to engage in and benefit from early learning experiences so that they enter kindergarten with the skills, behaviors and abilities needed to succeed.



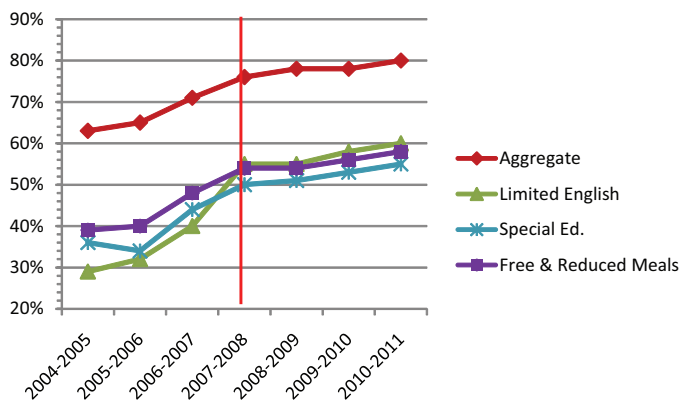
Percentage of students entering kindergarten “fully ready” to learn

(Definition: able to consistently demonstrate skills, behaviors, and abilities needed to meet kindergarten expectations)

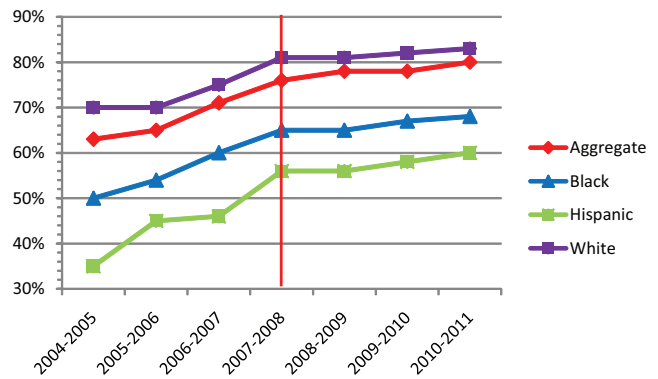


Data source: Howard County Public School System

Disaggregated data by population group



Data source: Howard County Public School System



Data source: Howard County Public School System

Story behind the baseline

- Lack of previous and/or quality early childhood education experience
- Economic pressures on parents which limit time spent with children
- Limited literacy levels of parents
- Language barriers
- Substance abuse by parents
- Inadequate parenting skills
- Children with special needs may not receive needed supports prior to entering school
- Behavioral/social issues which have not been addressed

What works

Screening and early intervention

- Developmental screening and assessment conducted by health providers and early childhood programs as part of their routine interactions
- Early and appropriate intervention for children with special needs
- Home visitation programs for parents with infants, toddlers, and preschoolers
- Early Head Start serving children and families beginning during pregnancy until the child is three years old

Professional development

- Focus staff development on the Maryland Model for School Readiness, the MSDE Voluntary State Curriculum for Pre-kindergarten & Kindergarten, and Guidelines for Healthy Child Development and Care for Young Children (birth to three years of age)
- Effective assessment of children as they enter kindergarten
- Highly-qualified early care and education professionals

Quality child care

- Affordable, accredited child care and preschool education programs

Community engagement

- Alignment and collaborative commitments between the child care community, Child Care Resource Centers, libraries, home visiting programs, Head Start, Judy Centers, and the public schools
- Adult literacy, adult education and English for Speakers of Other Languages (ESOL) programs
- Transition from home or an early care setting to kindergarten that involves parents and creates continuity in children's educational environment

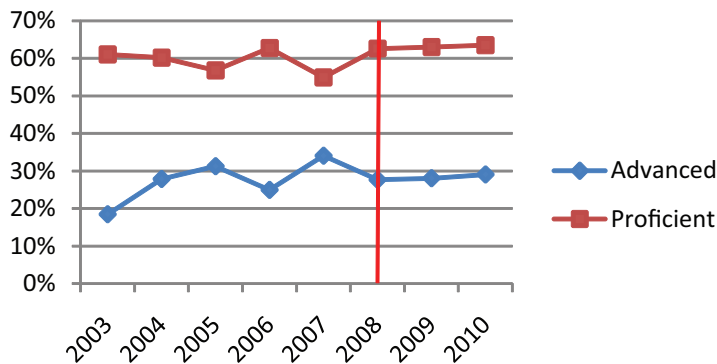
Between birth and five years of age, children gain crucial cognitive and social skills needed to become ready for school and succeed in life. Getting ready for school is a multi-dimensional concept supported with nurturing, social experiences, curiosity and developmental skills that promote openness to learning.

CHILDREN AND YOUTH . . . are successful in school

Children regularly attend school, reach their highest academic potential, and are able to successfully transition to higher education or the workforce.



Percentage of public school students scoring “proficient or advanced” on the third grade reading assessment



Data source: Maryland State Department of Education

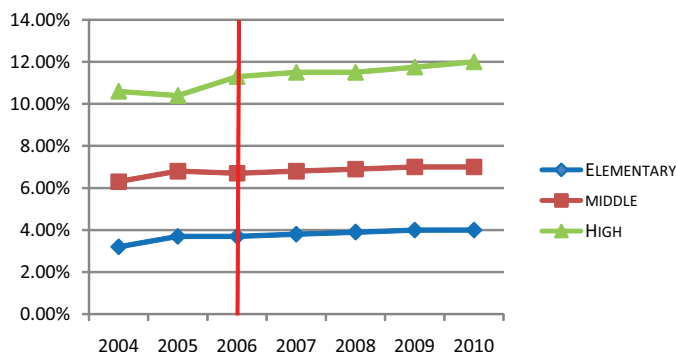
Story behind the baseline

- Disaggregated data tells an important part of the story. For the school year ending June 2008, the percentage of students who scored either “proficient or advanced” by race was:
 - Asian – 93.3%
 - Black – 78.9%
 - Hispanic – 76.6%
 - White – 94.9%
- Language barriers for children and parents
- Limited parental involvement
- Poor and/or inadequate parental support
- Lack of school readiness
- Lack of awareness of community academic support

Third grade reading scores are highly correlated with later academic success. Literacy is the cornerstone of school achievement, providing the foundation for success in math, science, history, and other subjects. Those students who are not reading on grade level by grade three have a much harder time catching up with their peers.



Percentage of public school students absent from school more than 20 days of the school year



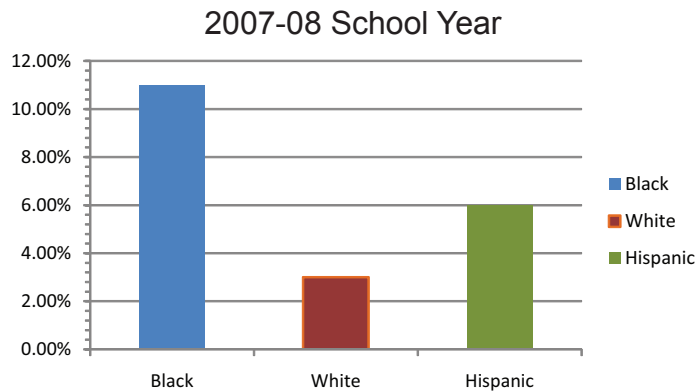
Data source: Maryland State Department of Education

Story behind the baseline

- Lack of positive adult role models
- Poor attachment to school
- Inadequate academic preparation
- Insufficient academic and social support
- Limited parental involvement
- Underlying mental health issues
- Outside school pressures



Percentage of public school students suspended one or more times during the school year



Story behind the baseline

- In the 2007-08 school year, 0.5% of elementary, 4.6% of middle school, and 5.6% of high school students were suspended. These rates have remained relatively consistent over the past several years.
- Negative peer association
- Poor attachment to school and community
- Undiagnosed mental health issues
- Negative attitude toward authority
- Cultural competency of school staff
- Zero tolerance suspension policies

What works

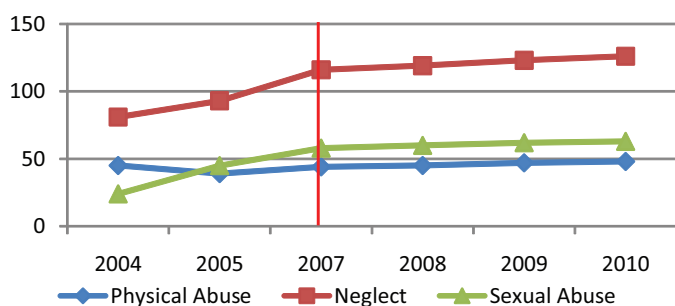
- Positive youth development
- Parent education
- Links to community resources
- Opportunities for meaningful parent involvement
- Cultural and linguistic competency training for school staff
- Accessible and appropriate counseling services
- Academic enrichment programs
- Tutoring
- Positive adult role models
- Education and awareness campaigns

CHILDREN, YOUTH AND FAMILIES . . . are safe in their homes and communities

Children, youth and families are free from abuse, neglect and violence. Children and youth are engaged in appropriate out-of-school activities that promote positive behaviors.



Number of indicated cases of child abuse*



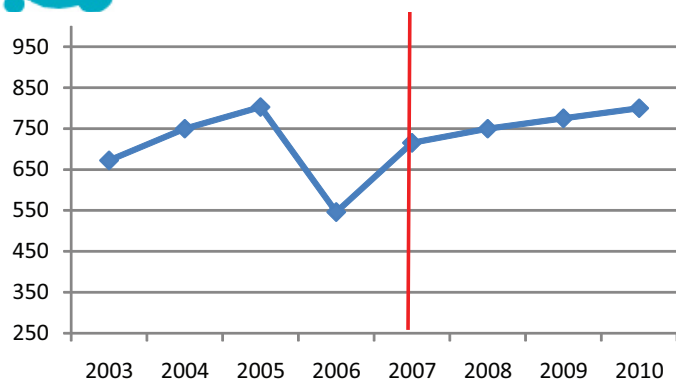
Data source: Howard County Department of Social Services (2006 data is not available)

Story behind the baselines

- Economic uncertainty contributes to increased rates of child abuse and domestic violence
- The use of child abuse rates and domestic violence incidents as indicators is a challenge. An increase in the number of cases/incidents may mean more abuse/violence is occurring. It might also mean that investigators are more skilled in identifying with certainty that abuse took place, or that victims of domestic violence are more willing to come forward.
- Advocates, investigators and prosecutors continually fight the belief that child abuse and domestic violence can't happen in a community like Howard County. This impacts the willingness of community members to report suspicions and the likelihood the victim will be believed.



Number of domestic violence incidents**



Data source: Howard County Police Department/ Domestic Violence Unit

*(Definition: Child Protective Services finds credible evidence which has not been satisfactorily reported, that abuse or neglect occurred)

** (Definition: Incidents reported to police in which an individual has received deliberate physical injury or is in fear of imminent deliberate physical injury from a current or former spouse/ cohabitant.)

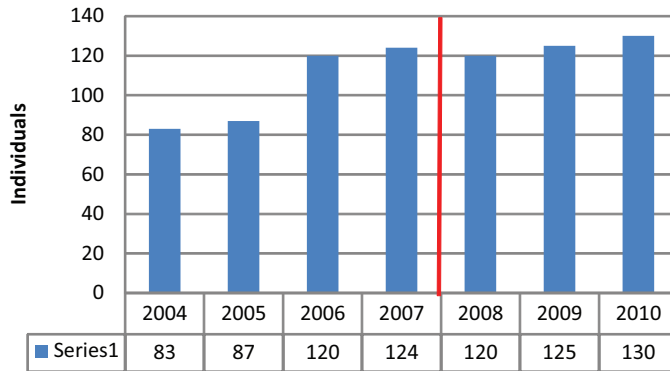
What works

- Education campaigns for both the public and professionals to increase knowledge of warning signs and resources
- Increased coordination of services
- Identifying victims of abuse and domestic violence in primary care settings so safety goals can be implemented
- Providing appropriate interventions to prevent future trauma
- The Lethality Assessment Program, which helps police officers determine level of danger when they arrive on the scene of a domestic violence incident



Number of youth age 10-17 arrested for violent crimes

(includes robbery, aggravated assault, homicide, and rape)



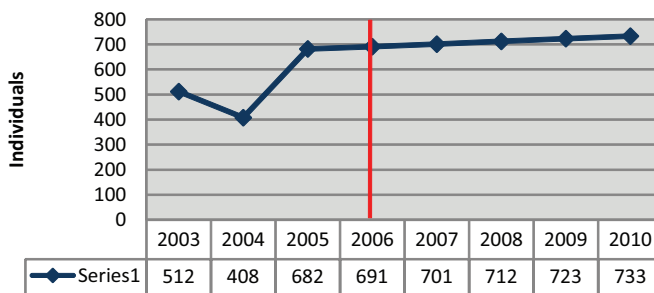
Data source: Howard County Police Department, Youth Services

Story behind the baselines

- Many children and youth lack supervision after school (over 80% of families with children ages 6 to 17 are currently in the work force)
- Poor attachment to school and community
- Lack of social competency skills such as decision-making, conflict resolution, and anger management
- Negative peer associations and/or community
- Unhealthy attitudes regarding violence and safe sex
- Increasing affluence, which enables youth to purchase illicit drugs
- Geographic location of the county between two large metropolitan areas provides ideal access for gang activities and drug trafficking
- Many youth appear to lack consequences from their parents and/or community for initial negative behaviors
- An increase in gang activity
- Increased rate of referrals may be due to increased focus and collaboration by relevant organizations



Number of referrals to Youth Diversion program



Data source: Howard County Police Department, Youth Services

What works

- Supervised, age-appropriate and accessible environment for out-of-school hours
- Positive youth development
- Conflict resolution training
- Education and awareness campaigns
- Parent education and involvement
- Links to community resources
- Gang prevention programs
- Increased coordination of services
- Appropriate interventions to prevent future trauma



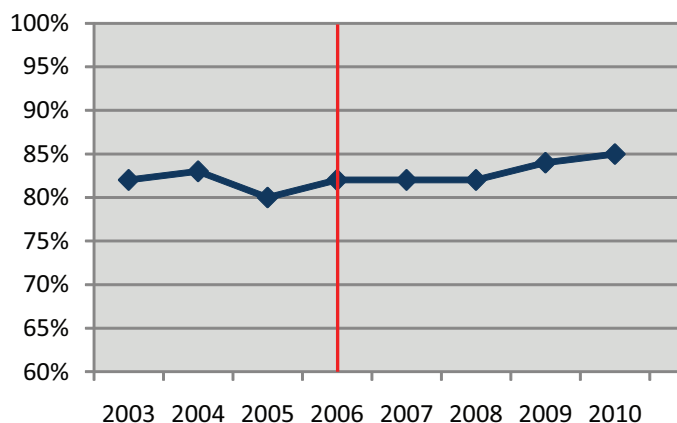
OLDER ADULTS . . . maintain optimal mental and physical health

Older adults thrive in their communities by actively participating in health promotion and disease management activities and making choices that promote active lifestyles and good physical, mental and oral health.



Percentage of adults age 50+ who engage in physical activity

(Definition: reported participation in any physical activity or exercise over the past month)



Data source: Behavioral Risk Factor Surveillance System

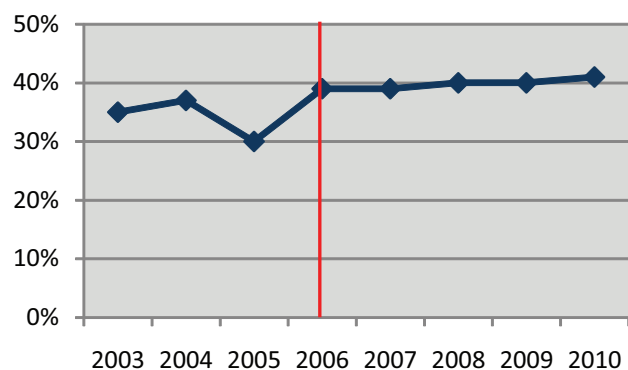
Story behind the baseline

- Barriers to accessing programs (i.e., cost, transportation; physical accommodations not suited to older adults)
- Fear of injury, what “physical activity” involves
- Lack of motivation
- Time/family commitments (particularly for those still in the workforce or primary caregivers for family members)



Percentage of adults age 50+ reporting physical health not good

(Definition: reported physical health not good \geq 1 day/month)



Data source: Behavioral Risk Factor Surveillance System

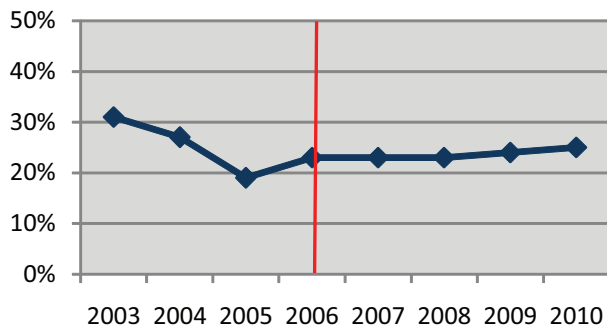
Story behind the baseline

- Poorly managed chronic disease
- Lack of insurance (under/uninsured)
- Limited access to, or misuse of, medications
- Limited provider networks willing to take Medicare
- Limited number of health care providers trained in geriatric care
- Underutilization of outpatient preventive care
- Limited understanding of need/options for earlier treatment
- Cultural and linguistic barriers to accessing care



Percentage of adults age 50+ reporting mental health not good

(Definition: reported mental health not good \geq 1 day/month)



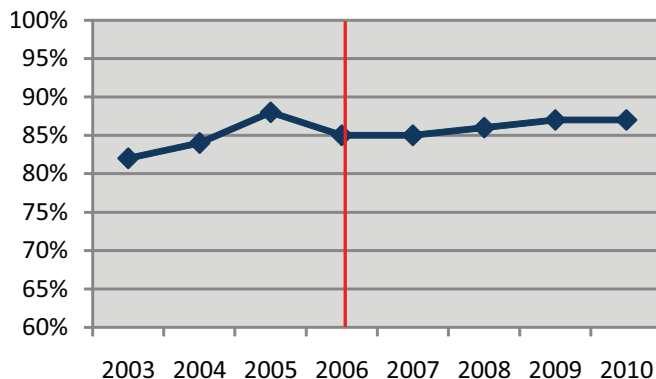
Data source: Behavioral Risk Factor Surveillance System

Story behind the baseline

- Reluctance/stigma re: seeking care for mental health
- Lack of insurance coverage for mental health (under/uninsured)
- Limited access to, or misuse of, medications
- Limited mental health provider network willing to take Medicare
- Inadequate training for primary care physicians on the diagnosis and treatment of mental health issues
- Isolation and poorly managed chronic disease can contribute to poor mental health (and vice versa)
- Cultural and linguistic barriers to accessing care



Percentage of adults age 50+ who report a visit to the dentist within the past year



Data source: Behavioral Risk Factor Surveillance System

Story behind the baseline

- Medicare and Medicaid do not cover routine oral health care
- Three times as many people are without dental coverage as are without health insurance
- Oral health care impacts chronic disease; chronic disease impacts oral health
- Public does not view oral health as significant component of health

What works

Physical activity

- Evidence-based initiatives promoting physical activity for seniors
- Low/no cost physical activity programs targeting seniors
- Social marketing campaigns targeting seniors to promote physical activity
- Expand “Get Active Howard County” with efforts targeting seniors
- Mini grants to support community events promoting physical activity

Physical health

- Increase/expand screening programs to support early detection of diseases
- Expand evidence-based chronic disease prevention and management programs
- Education/CMEs for primary care physicians caring for geriatric community (collaborate with Geriatricians)
- Public education to promote healthy eating and active lifestyles
- Legislative/regulatory changes that support in-home care

Mental health

- Education/CMEs for primary care physicians on identifying mental health issues in older adults
- Co-locate mental health practitioners at large primary care practices
- Increase/expand screening programs to support early detection of mental health illnesses and other chronic disease
- Education for mental health professionals in caring for geriatric community
- Social marketing campaigns targeting seniors to decrease stigma surrounding mental health issues
- Increase physical activity programs for seniors
- Expand evidence-based chronic disease prevention and management programs with a mental health component or focus
- Increase partnerships to implement chronic disease prevention/treatment programs
- Educational interventions re: medication usage

Dental

- Provide oral health screening clinics at senior centers and senior living facilities
- Legislative changes to include routine dental care in Medicaid and Medicare coverage
- Public education campaign to increase awareness of the importance of oral health
- Increase services provided to seniors through Health Department’s Dental Clinic
- Expand program to increase the number of Howard County dentists willing to provide *pro bono* dental care to at least one patient per month
- Train primary care providers regarding oral health and encourage referrals to dentists

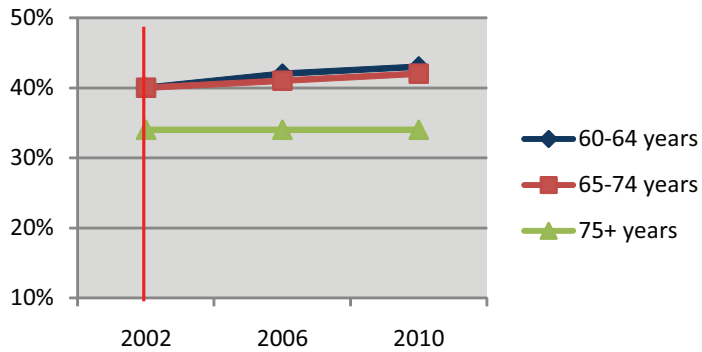
The number of older adults in Howard County is projected to be the fastest growing segment of the population. Between the years 2000 and 2035, the Department of Planning and Zoning estimates that the number of adults age 65 – 74 will increase 244%, those age 75 – 84 will increase 284%, and those age 85+ will increase 350%.

OLDER ADULTS . . . engage in the life of the community

Older adults maintain a network of social connections and participate in community activities such as volunteering, community-based recreational, social, cultural, educational and faith-based programs, and employment.



Percentage of adults age 60+ engaged in volunteerism



Data source: Office on Aging, Study of Demographics and Needs of the Senior and Middle Aged Population in Howard County, 2002

Story behind the baseline

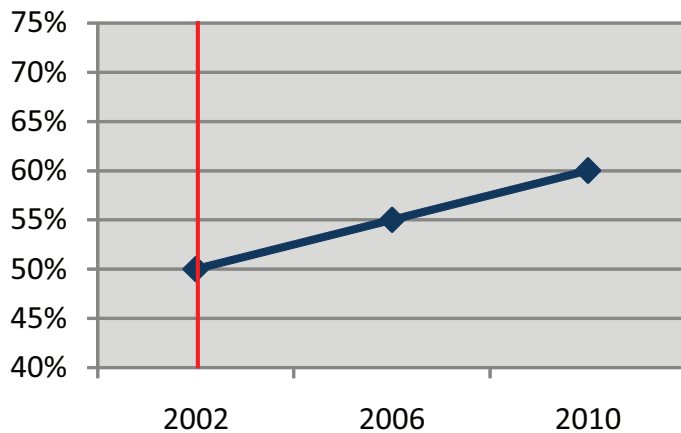
- Number, and awareness, of volunteer opportunities is increasing (establishment of the Volunteer Center Serving Howard County; increased programming by the Office on Aging and Howard Community College)
- Motivations to volunteer include staying busy and active, wanting to maintain connection to the community (James Rouse vision), giving back
- Barriers to volunteering include not being asked to volunteer; volunteer opportunities not matching individual's skills and interests; transportation barriers (cost, limited access); mobility issues, especially for 75 years and older; language barriers

What works

- Volunteer recruitment campaigns targeting older adults that focus on all this population has to offer
- Expand the variety of volunteer opportunities offered
- Develop one-time, project-based service opportunities
- Use emergency and disaster preparedness program as a model for engagement
- Increase number of virtual volunteer opportunities
- Print materials in various languages
- Supplemental transportation programs



Percentage of adults age 60+ engaged in community-based recreational, social, educational and faith-based opportunities



Data source: Office on Aging, Study of Demographics and Needs of the Senior and Middle Aged Population in Howard County, 2002

Story behind the baseline

- Retirees, used to busy lifestyles, looking for new ways to remain active
- Howard County offers a wide range of community activities of interest to older adults
- Retirees are healthier than previous generations, maintaining their ability to participate in community activities
- Barriers to participation include: not being aware of opportunities, cost of programs and services, limited transportation, language and cultural barriers, mobility issues (especially for 75 years and older), accessibility of facilities

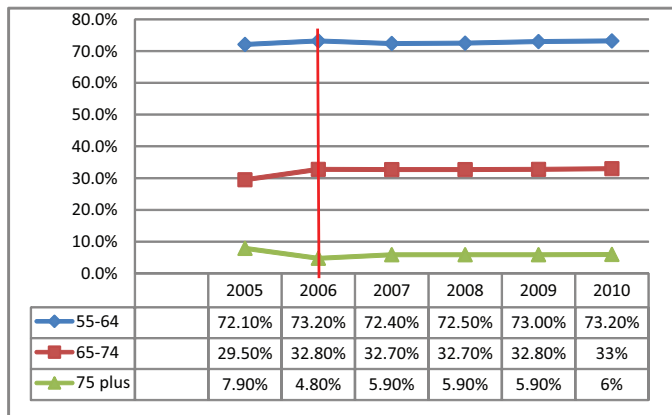
What works

- Diversified programs of interest to older adults
- Engage older adults in development of programs
- Supplemental transportation programs such as Neighbor Ride to assist in solving transportation barrier
- Partner with retirement communities and apartment complexes where older adults live to provide on- and off-site programs
- Outreach to non-English speaking communities to educate and create awareness about community programs
- Educate community about eligibility criteria for senior discounts or discounts that are based on financial need

Marketing programs and activities for older adults is a challenge. Use of the terms “senior” and “older adult” are ineffective in reaching people who do not identify themselves in this way. This is particularly true for baby boomers, who are now beginning to reach their 60’s.



Percentage of adults age 55+ engaged in full- or part-time employment



Data source: U.S. Census Bureau, American Community Survey

Story behind the baseline

- The economic downturn is causing people to work longer, delaying retirement
- Increasing number of retirees may need to go back to work to supplement pension/Social Security income in face of rising energy and transportation costs
- Reductions in force impact employees nearing retirement age
- Barriers to finding employment for older adults:
 - ☐ Available jobs may not match their skills (viewed as overqualified)
 - ☐ Older job seekers may not bother applying (assuming they will not be hired)
 - ☐ Age bias of employers
 - ☐ Transportation issues
 - ☐ Health/disability issues affecting mobility
- Discouraged workers (those not seeking jobs or who have given up) over the normal retirement age may not be counted in employment/labor force statistics
- Base Realignment (BRAC) may have an influence on the trend

What works

- Educating employers on the value of older employees
- Job training (and re-training) classes
- Utilizing professional outplacement assistance centers
- Employers using online applications to make job application easier for less mobile individuals
- Changes to Social Security regulations to eliminate/reduce penalties for working after retirement

OLDER ADULTS . . . live as independently as possible

Older adults will be able to remain in their own homes and/or neighborhoods, in housing that meets their changing needs, with the ability to go where they need and want to go.



Percentage of older adults able to maintain, repair, renovate and/or modify their homes in order to “age in place”



Percentage of older adults with in-home, personal care services needed to stay in own home

WHAT WE KNOW

- 90% of adults age 60+ want to remain in their own homes or communities – to “age in place” (AARP, 2006)
- 49% of adults aged 60+ expressed need for home repairs and modifications (Senior Housing Master Plan, 2002)
- The registry for the Older Adult Waiver program, which provides in-home care as an alternative to nursing home placement, has a wait of roughly two years
- The average cost of private nursing homes in Baltimore region was \$202/day, compared to average cost of \$17/hour for home health aides and \$16/hour for homemaker services

Story behind the baselines

Data does not currently exist for these indicators to be able to provide a baseline, but based on what is known, a number of issues can be identified that impact the ability of older adults to remain in their homes.

Availability of housing incorporating Universal Design

- Demand for construction of homes with Universal Design amenities has been low, but current County regulations now require a percentage of new age-restricted construction to include Universal Design
- Market research and sales indicate that demand for Universal Design will increase

Able to maintain/modify home

- Physical ability to perform repairs and maintenance declines with age
- Older adults on fixed income may not be able to afford repairs, maintenance, and modifications – especially with increasing energy costs, property taxes, etc.
- Difficulty in finding reputable contractors to handle work, particularly smaller chores
- May be unaware of options available for home modifications, and resources for in-home care

Obtain in-home care

- Eligibility requirements limit access to in-home services
- Lack of adequate and stable direct service workforce to staff home health agencies
- Lack of stable and on-going funding for home and community-based services
- Limited support for caregivers

What works

Availability of housing incorporating Universal Design

- Educate builders/contractors regarding Universal Design for inclusion in new construction and/or home modification
- License home improvement contractors with Universal Design credentials
- Public education campaign on benefits of Universal Design to increase demand
- Provide incentives for using Universal Design such as tax credits or exemption/reduction of permit fees
- Promote Universal Design in building codes

Able to maintain/modify home

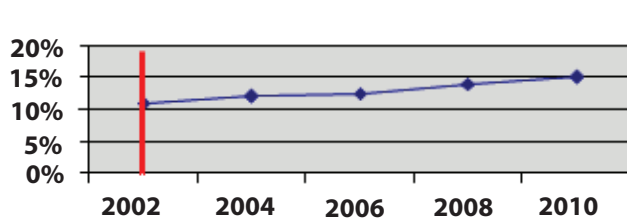
- Occupational therapy assessments to determine needed home modifications
- Increase the number of local Certified Aging in Place Specialists
- Create a list of individuals and businesses able to provide home maintenance and repairs
- Develop a “tip sheet” or other forms of public education on how to contract for services
- Support to guide homeowners through process of contracting to have work done

Obtain in-home care

- Providing in-home aide services in independent living apartment communities and senior apartment buildings
- Implementation of the Erickson (off-campus) model
- Development of the Beacon Hill/Capitol Hill model for community services
- Implementation of evidence-based programs such as Living Well (chronic disease self-management program), Adapted Physical Activity, and a Matter of Balance



Percentage of older adults with an unmet need for transportation



Data source: Howard County Office on Aging, Study of Demographics and Needs of the Senior and Middle Aged Population in Howard County, 2002

Story behind the baseline

- Cost of transportation (insurance, car repairs, etc.) for those living on a fixed income
- Public transportation offers limited routes and run times
- Health issues preclude some seniors from getting out
- Increased longevity will contribute to an increasing number of adults with transportation needs, though the percentages may stay the same
- Because existing data comes from only one point-in-time survey, it is difficult to determine and create forecasts for the future

What works

- Effective driver evaluation and retraining programs
- User friendly public transportation networks
- Taxi voucher program for older adults (and people with disabilities) provides flexibility in terms of where, when, and how riders use the system
- Use of volunteers to provide transportation (i.e., Neighbor Ride)

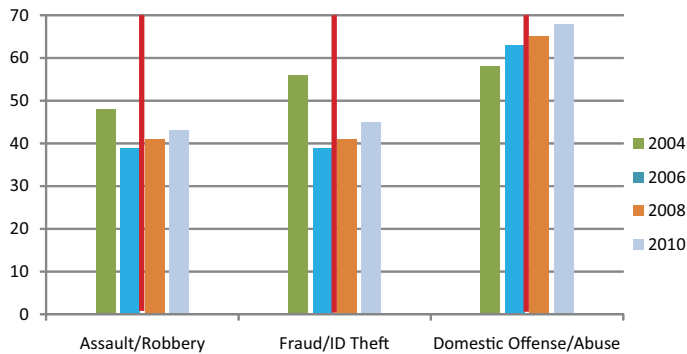
OLDER ADULTS . . . are safe in their homes and communities

Older adults are free from risk of abuse, neglect, financial exploitation and victimization, while using effective strategies and resources to support personal safety.



Number of reported crimes against adults age 65+

(Definition: number of police reports for assault, robbery, fraud, identity theft, domestic offenses and abuse)



Data source: Howard County Police Department Records Division

Story behind the baseline

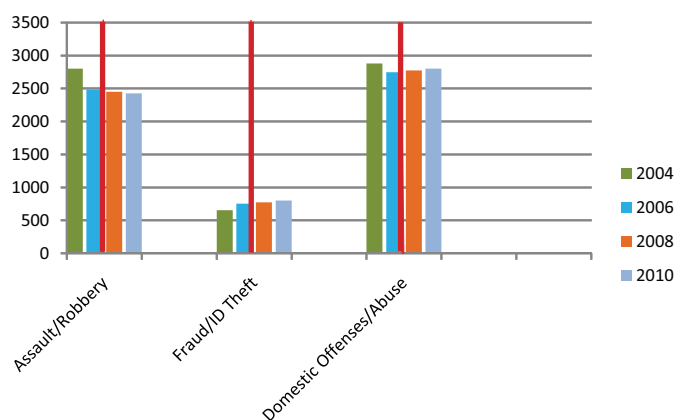
- While older adults are less victimized than County residents as a whole (see graph next to page), they perceive themselves to be more victimized due to an increased sense of vulnerability
- Data may not provide an accurate picture of the degree to which older adults are victims of crime, for a variety of reasons:
 - ☐ Not reporting due to embarrassment or feeling helpless
 - ☐ Victims may not realize that they have been victims of identify theft
 - ☐ Family members are the source of the abuse
 - ☐ Not knowing where to find help
 - ☐ Not being aware of appropriate resources
 - ☐ Degradation of evidence due to the slow response of the victims and their families
- Increase or decrease in numbers may reflect changes in reporting as much as changes in number of incidents

What works

- Increasing awareness of older adults about services available within the County, and how to access those services
- Education of community members, those in the human services sector, and medical professionals to be aware of signs of victimization and promote reporting
- Collaboration between stakeholder groups and the older adult community
- Public education, targeted to older adults, on how to avoid becoming a victim of fraud or identity theft

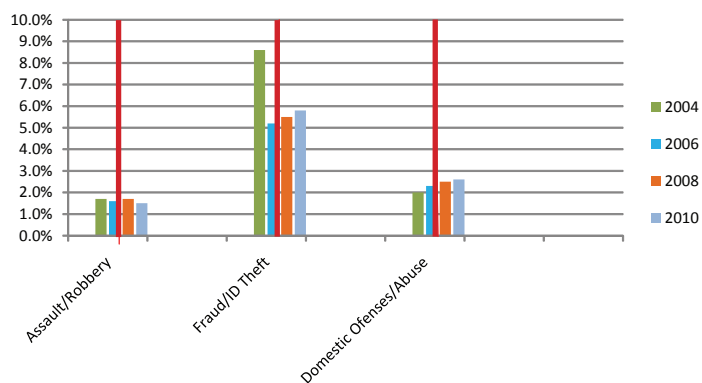
To understand the data for this indicator, it is important to have some context. The first chart below provides information on the total number of reported crimes in Howard County. The bottom chart shows the percentage of crimes in each category which are perpetrated against adults age 65+.

Total number of crimes reported



Howard County Police Department, Information Management Division

% of reported crimes perpetrated against adults age 65+ in Howard County



Howard County Police Department, Information Management Division



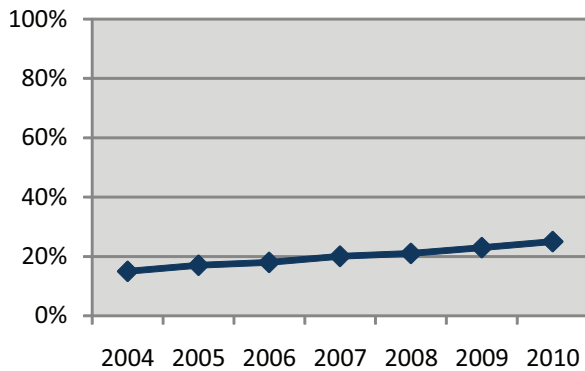
PEOPLE LIVING WITH DISABILITIES . . . enjoy the same opportunities as others

People living with disabilities, regardless of the level of disability, are able to choose the activities in which they participate, live in the environment of their choice, and have the transportation they need to engage in community life.



Percentage of people living with disabilities participating in community activities of their choice

(includes recreational, social, faith, educational and cultural activities)



(Figures shown are estimates/projections based on the knowledge and experience of members of the disability sub-committees in 2007, and are being used pending development of more accurate data.)

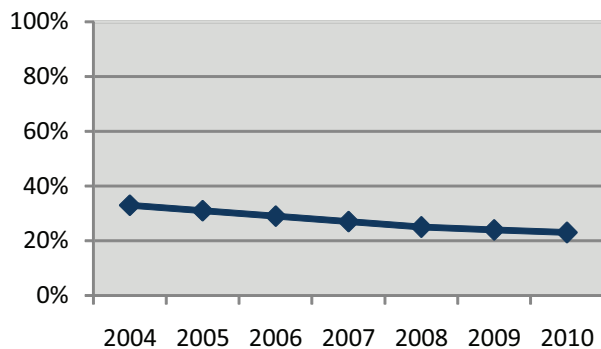
Story behind the baseline

- Lack of transportation
- Facilities that are not welcoming (physically or due to staff attitude and/or behavior)
- Cost of activities is prohibitive
- Limited choice of activities for people living with disabilities who live in alternative living units (ALUs)
- Economy could affect projected growth by limiting ability of agencies to subsidize costs
- Physical accessibility is quite good in Howard County
- Recreation & Parks, Howard Community College, and some churches are increasing number of inclusive leisure options offered



Percentage of people living with disabilities satisfied with their current housing situation

(includes location, physical accessibility, affordability, and choice of living arrangements)



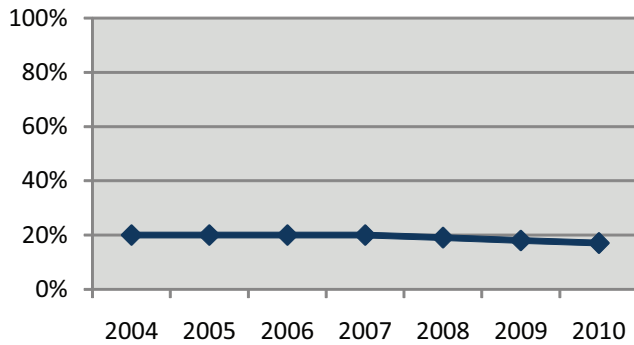
(Figures shown are estimates/projections based on the knowledge and experience of members of the disability sub-committees in 2007, and are being used pending development of more accurate data.)

Story behind the baseline

- Lower incomes reduce options
- Limited amount of housing with Universal Design
- Limited funding available to provide supports for community living
- Increasing cost of housing in the County
- Low vacancy rates across the County for all housing
- Lack of credit history (affects ability to rent or buy)
- Locations outside of transportation routes
- Co-occurring disorders further complicate housing options



Percentage of people with disabilities able to reach destinations of their choice at the time of their choice



(Figures shown are estimates/projections based on the knowledge and experience of members of the disability sub-committees in 2007, and are being used pending development of more accurate data.)

Story behind the baseline

- Public transportation routes and times are limited, restricting choice of destinations and creating long wait times (for some services, must live within $\frac{3}{4}$ mile of a bus stop)
- System can be confusing and cumbersome to navigate
- Subject to availability of family or caregivers
- Some people living with disabilities are uncomfortable using public transportation
- Population growth (including BRAC) and increasing number of students with autism will increase both demand and stress on current system

What works

Community engagement

- Expanded transportation services
- Increased number of staff at ALUs to provide more individual choice
- Sliding fee scale for activities
- Tax incentives (i.e., for businesses that can document they serve a certain percentage of people living with disabilities)
- Increasing the income level for people living with disabilities
- Incentives for businesses to be more disability-friendly in design
- Sensitivity training for staff at public facilities
- Increased awareness of possibilities for participation (even among families and people living with disabilities)

Housing

- Public policies and sustainable funding sources that support and promote choice
- Tax incentives for builders, developers and landlords to include Universal Design features (or to build units that are easier to modify at later date if needed)
- Include additional options for housing (with supportive services) in development plans
- Locate affordable units near bus routes
- Public education campaigns to combat “NIMBY-ism,” and to increase understanding of benefits of Universal Design elements in home construction/remodeling

Transportation

- Strategies that lend themselves to a more individualized approach
- A taxi voucher system (care needs to be taken to ensure the safety of the riders)
- Increasing routes and run times on public transportation system
- Public education about available services (what’s available, how to access)
- Training for public transportation staff on serving customers who have disabilities
- Service providers offering more comprehensive transportation services
- A service similar to Neighbor Ride for people living with disabilities
- Sharing of under-utilized vehicles and vendor services (i.e., HCPSS, senior day program or Head Start)

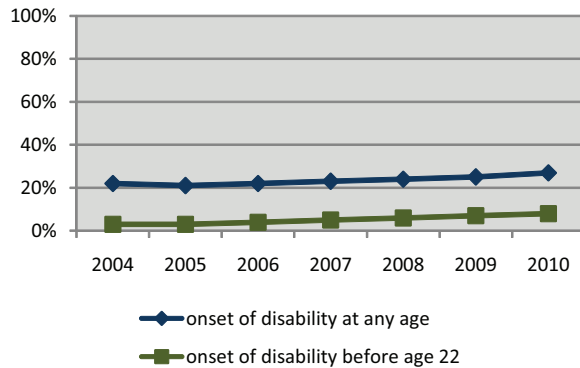
PEOPLE LIVING WITH DISABILITIES . . . have meaningful opportunities for education and employment

People living with disabilities will be able to advance academically and professionally to the highest level of their ability.



Percentage of people living with disabilities with a technical/vocational certificate or college degree

(2 or 4 year)



(Figures shown are estimates/projections based on the knowledge and experience of members of the disability sub-committees in 2007, and are being used pending development of more accurate data.)

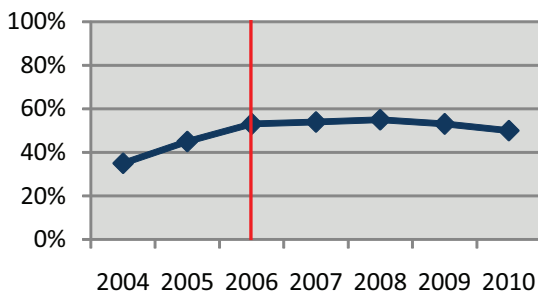
Story behind the baseline

- Many students with disabilities do not meet college admission requirements (i.e., leave high school without a diploma, score poorly on the SAT or do not even take it, or lack two years of foreign language)
- Many people living with disabilities cannot meet the physical or academic standards for military service (a means to a vocation)
- Supports to participate in classes are improving



Percentage of people living with disabilities who are employed full- or part-time

(Definition: full-time means 30+ hours per week; part-time means 10+ hours per week)



2004 data based on national study by National Organization on Disability Data source (2006): U.S. Census Bureau, American Community Survey

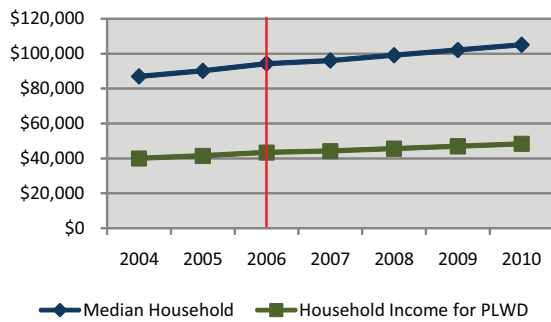
Story behind the baseline

- Job losses due to the economic downturn may have greater impact on people with disabilities
- Employers are reluctant to hire people with disabilities due to fear of lawsuits, incompetence, higher health insurance rates, absenteeism, etc.
- Transportation issues limit job opportunities
- People living with disabilities may lack knowledge of accepted norms of behavior for the workplace
- Lack of experience on part of job developers
- While employment rates were increasing over the past few years, they seem to have hit a plateau

- Two-thirds of people living with disabilities want to and can work (per National Organization on Disability/National EmployAbility Partnership).
- Research shows people living with disabilities have lower rates of turnover and absenteeism.
- According to the Job Accommodation Network, 66% of workplace accommodations cost less than \$500, and nearly a quarter cost nothing at all.
- Between 2008 and 2015, American industry will need between 10 and 15 million new workers.



Median household income for people living with disabilities



Data source for median household income: U.S. Census Bureau, American Community Survey. Median household income for people living with disabilities is calculated at 46% of that of all households, based on percentage extrapolated from www.ilr.cornell.edu/edi/disabilitystatistics.cps.

Story behind the baseline

- Transitioning students tend to find employment in entry level positions
- Many people living with disabilities are given limited opportunities for advancement
- Minimal vocational training opportunities are available in Howard County
- Per 2000 U.S. Census, 9.47% of people living with disabilities in Howard County aged 21 – 64 had an annual income below the poverty level, compared to 2.46% of those without disability in the County

What works

Certificate or degree programs

- Providing necessary supports and/or accommodations
- Presuming competence and fostering a belief that this achievement is possible

Full- or part-time employment

- Training for employers about employees with disabilities, the benefits of hiring people with disabilities, hiring practices, and methods for accommodating employees with disabilities
- Training for employees to increase acceptance of diversity, including disability, among their co-workers
- More available transportation
- Incentives (recognition, tax credits beyond what is currently available, etc.) for hiring people with disabilities; simplifying existing tax incentives to make them more attractive
- Providing a preference in County Government contracting for people living with disabilities
- An employment-based cultural proficiency program to decrease loss of jobs due to poor understanding of generally acceptable work behaviors
- Provide incentives for job developers for each successful job placement lasting at least six months

Annual income

- Increasing the number of people living with disabilities who have high school diplomas, vocational certificates or college degrees
- Increasing the number of people living with disabilities who are employed full-time and maintain steady employment
- Providing training and mentoring opportunities to prepare for promotion
- People living with disabilities having benefits (health, vacation, etc.)
- Providing incentives for people living with disabilities to maintain some level of their Social Security benefits while earning low wages in entry-level positions
- Encouraging/supporting entrepreneurship for people with disabilities

PEOPLE LIVING WITH DISABILITIES . . . are safe in their homes and communities

People living with disabilities are free from abuse, violence and exploitation; any who are victimized are treated equitably by all agencies; and all processes within the legal system are adequately and professionally followed. In the event of a disaster or emergency, people living with disabilities have the necessary resources to ensure their safety.



Percentage of people living with disabilities who are victims of abuse

WHAT WE KNOW

Howard County data does not exist for this indicator. National research, however, shows:

- *Disabled women are 4 times more likely to be sexually assaulted.**
- *Disabled children are 68% more likely to be abused or neglected.**
- *80-95% of persons with disabilities will experience some form of sexual victimization.***
- *Estimates indicate that family members and peers with disabilities perpetrate more than half of abuse against people living with disabilities. The other half is believed to be perpetrated by professionals (i.e., caregivers, doctors, nurses).*

**From 2006 DOJ Statistical Overview*

***Reprinted from 1992 Quality of Care Newsletter*

Story behind the baseline

- People living with disabilities are more likely to be dependent on others for long-term care, and to be economically dependent
- People living with disabilities are less likely to be educated about appropriate and inappropriate behavior, and are often taught to be compliant and obedient
- People living with disabilities have greater difficulty negotiating the legal/court systems if they report abuse
- A general assumption exists that people living with disabilities are not competent to testify if legal action is taken
- Perpetrators may perceive that there is less risk of discovery

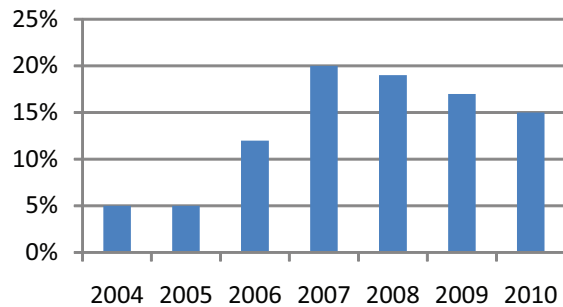
What works

- Training for educators, families, providers, legal system staff, employees, and first responders
- Engaging County agencies to develop a “train-the-trainer” model to increase the awareness of the physical, social, mental, emotional and psychological issues of people living with disabilities
- Provide training in middle and high schools about appropriate touching, how to access health care systems, assertiveness skills
- Educating people living with disabilities about their rights to file complaints or seek assistance when abused, violated or exploited
- Coordination among agencies that support people living with disabilities in all aspects of their lives
- TTY for County’s Notification System (Reverse 911)



Percentage of people with disabilities, living independently or with a family caregiver, who are prepared for a disaster

(Definition: able to shelter in place for up to 72 hours, or evacuate to safety)



(Figures shown are estimates/projections based on the knowledge and experience of members of the disability sub-committees in 2007, and are being used pending development of more accurate data.)

Story behind the baseline

- Preparedness and training increased significantly after 09/11, and again after Hurricane Katrina
- With no intervention, there is an assumption that preparedness will decrease as people become more complacent again
- NOTE: Service providers are required to have an updated emergency preparedness plan for people in their care. This indicator focuses on people with disabilities who are living independently in the community, with or without a caregiver, who would not be cared for by a service provider in event of a disaster.

What works

- Education about the need for emergency plans, and the responsibilities of caregivers in a disaster
- Planning for needs of people with disabilities within the County's Emergency Operations Plan
- Holding periodic exercises, and evaluate the results, to engage community members in disaster preparedness and to ensure that plans are functional
- Encourage case workers and social workers to assist individuals and/or their families to develop plans

This report is available on the Department of Citizen Services and the Association of Community Services web sites:

www.howardcountymd.gov/CitizenServices/
www.acshoco.org

For more information, contact:
Dick Barnard, Planner
Department of Citizen Services
410-313-6400
dbarnard@howardcountymd.gov

This report is available in alternative formats.

HSMP Sub-Committee Participants

Marsha Ansel, Mental Health Authority	Erica Lewis, Dept of Citizen Services/Disability Services
Roy Appletree, FIRN	Shelia Little, Employment & Training
Gary Arthur, Dept of Recreation & Parks	Christine Lothen-Kline, Health Dept
Harriet Bachman, Service Coordination	Carole MacPhee, Columbia Housing Corp.
Bob Baker, Special Olympics	Tim McCrone, State's Attorney
Judi Bard, Dept of Citizen Services/Office on Aging	Bill McMahon, Police Dept
Debbie Beares, Dept of Citizen Services/Office on Aging	Marilyn Miceli, Special Olympics
Carol Beatty, The Arc of Howard County	Lois Mikkila, Dept of Citizen Services
Linda Behsudi, Dept of Citizen Services/Office of Children's Services	Barbara Miller, Dept of Citizen Services/Office on Aging
Natalie Belcher, Howard County Public School System (HCPSS)	Karen Miller, Morningside House
Jan Biennas, M&T Bank	Lori Miller, HCPSS
Pam Bilal, Dept of Citizen Services/Office on Aging	Michelle Miller, Columbia Association
Melinda Blackburn, Health Dept	Susan Morris, Howard County Library
Jennifer Blake, FIRN	Michael Moynihan, HCPSS
Jeff Bronow, Dept of Planning & Zoning	Tara Nelson, Police Dept
Lynn Burne, National Alliance on Mental Illness (NAMI)	Sheila Palmiotto, Health Dept
Jeff Cabral, Howard County Library	Arlene Paul, Health Dept
Tom Cargiulo, Health Dept	MaryPat Perry, Dept of Citizen Services/Office on Aging
Kelly Carnaggio, Lorien Nursing Center	Keri Peterson, Domestic Violence Center
Ann Combs, Dept of Recreation & Parks	Judy Pittman, Transportation Advocate
Rachael Cook, HCPSS	Kathy Plasse, Healthy Families
Lloyd Day, Workforce Development	Amy Poff, Arts Council
Bitu Dayhoff, Community Action Council	David Portesi, Health Dept
Aleen Dinneen, Dept of Citizen Services/Office on Aging	Susan Potts, Dept of Recreation & Parks
David Drown, HCPSS	David Ramsay, HCPSS
Wendy Duffy, Humanim	Dawson Robertson, HCPSS
Bunny Egerton, Columbia Association	Ellen Roper, HCPSS
Roxanne Farrar, Howard Community College	Sharon Sapp, Health Dept
Bob Frances, Dept of Inspections, Licenses & Permits	Glenn Schneider, Health Dept
Charlene Gallion, Dept of Social Services	Gary Sightler, Dept of Planning & Zoning
Mickey Gomez, Volunteer Center Serving Howard County	James Singletary, Fire & Rescue
Deirdre Gonsalves, Even Start	James Smith, Community Action Council
Pam Grady, Voices for Children	Jena Smith, Howard County Head Start
Mildred Greenwood, Commission on Aging	Sharon Smith, Corridor Transportation
Barbara Gumpert, Dept of Citizen Services/Office on Aging	Lori Somerville, Humanim
Amy Hackett, Howard County Head Start	Tim Sosinski, Arium, Inc
Steve Hannan, Dept of Citizen Services/Office of Consumer Affairs	Laura Steele, Private Therapist
Becki Havard, Dept of Citizen Services	Jim Straub, Dept of Juvenile Services
Stephen Heinbach, Dept of Recreation & Parks	Dale Thompson, Dale Thompson Builders
Pat Heineman, Community Emergency Response Network	Anne Towne, Association of Community Services
Donna Heller, HCPSS	Sam Tucker, Dept of Housing & Community Development
Ellen Hill, HCPSS	Lou Valenti, MD State Dept of Education, Office of Child Care
Karen Hull, Dept of Citizen Services/Office on Aging	Cathy Vigus, Dept of Recreation & Parks
Keri Hyde, Dept of Citizen Services/Office of Children's Services	Sharonlee Vogel, Commission on Aging
Andrea Ingram, Grassroots	Dave Wamsley, Emerge
Matt Jackson, Division of Rehabilitation Services	Troy Weaver, YMCA
Regina Jenkins, Dept of Citizen Services/Office on Aging	Nancy Weber, Local Children's Board
Tracy Jones, HCPSS	Donna Wells, Mental Health Authority
Jill Kamenetz, Dept of Citizen Services/Office on Aging	Laura Wetherald, Dept of Recreation & Parks
Caren Klein, Family OPTIONS - Health Dept	Joe Willmott, Homeless Board
Priscilla Kung, Dept of Citizen Services/Office of Children's Services	Anne Yenchko, The Judy Center at Cradlerock
Emily Leclercq, Dept of Citizen Services/Office on Aging	Leanne Youth, Dept of Citizen Services/Office on Aging
Joyce Lehrer, Dept of Citizen Services/Disability Services	Linda Zumbrun, Dept of Social Services